



# HAWAII STATE ETHICS COMMISSION ORGANIZATION'S OR INDIVIDUAL'S EXPENDITURES AND CONTRIBUTIONS REPORT

(To be filed by organizations, employing organizations and individuals  
other than registered lobbyists)

FORM ORG

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HAWAII STATE ETHICS COMMISSION  
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STATE OF HAWAII  
ETHICS COMMISSION

JUN 22 10:10

For lobbying reporting period: Contact person Karen R. Bowman Phone (480) 288-6907  
[ ] January 1 - last day of February Organization AstraZeneca Pharmaceuticals LP  
[ ] March 1 - April 30 Mailing Address 5301 South Superstition Mountain Drive, Suite 104, PBM #481  
[✓] May 1 - December 31 Gold Canyon, AZ 85218  
Year of Report 2006

## PART I. TOTAL EXPENDITURES

The total sum or value of all expenditures for the purpose of lobbying during the statement  
period was: \$ 0.00

### EXPENDITURES

| Category   | Total Amount | Category                | Total Amount |
|--|--------------|-------------------------|--------------|
| 1. Preparation & distribution of lobbying materials          | \$0.00       | 7. Entertainment        | \$0.00       |
| 2. Media advertising   | \$0.00       | 8. Food & beverages     | \$0.00       |
| 3. Telegraph, telephone and other forms of telecommunication | \$0.00       | 9. Gifts                | \$0.00       |
| 4. Postage   | \$0.00       | 10. Loans               | \$0.00       |
| 5. Compensation paid to lobbyists                            | \$0.00       | 11. Other disbursements | \$0.00       |
| 6. Fees (other than to lobbyists)                            | \$0.00       | TOTAL EXPENDITURES      | 0.00         |

### COMPENSATION PAID TO LOBBYISTS

List in this section the names of all lobbyists and compensation paid to the lobbyists during the statement period.

| Name            | Address                                | Compensation paid |
|-----------------|--|-------------------|
| Ellen McCormick | 2206 24th Street, Sacramento, CA 95818 | \$0.00            |
|                 |  |                   |
|                 |  |                   |
|                 |  |                   |
|                 |  |                   |
|                 |  |                   |
|                 |  |                   |
|                 |  |                   |

## EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY

List in this section all expenditures incurred for the purpose of lobbying of \$25 or more per person per day during the statement period.

- ☒ This section is not applicable  
☐ Expenditures incurred in the total sum of \$25 or more per person per day were made for the following persons:

| Name & Address | Amount or value |
|----------------|-----------------|
|                |                 |
|                |                 |
|                |                 |
|                |                 |

## AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON

List in this section all expenditures incurred for the purpose of lobbying in the total sum of \$150 or more per person during the statement period.

- ☒ This section is not applicable  
☐ Expenditures incurred in the aggregate of \$150 or more per person were made for the following persons:

| Name & Address | Amount or value |
|----------------|-----------------|
|                |                 |
|                |                 |
|                |                 |
|                |                 |

## PART II. CONTRIBUTIONS RECEIVED

List in this section all contributions received for the purpose of lobbying in the total sum of \$25 or more per person during the statement period.

- ☒ This section is not applicable  
☐ Contributions received in the total sum of \$25 or more per person were received from the following persons:

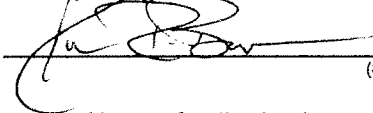
| Name & Address | Amount or value |
|----------------|-----------------|
|                |                 |
|                |                 |
|                |                 |
|                |                 |

## PART III. SUBJECT AREAS OF LOBBYING

Legislative and/or administrative action in the following areas was supported or opposed during the statement period:

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Agriculture                              | <input type="checkbox"/> Education                      | <input type="checkbox"/> Human Services                                     | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities        | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation                       |
| <input type="checkbox"/> Consumer Protection & Commerce           | <input type="checkbox"/> Hawaiian Affairs               | <input type="checkbox"/> Labor & Employment                                 | <input type="checkbox"/> Transportation                             |
| <input type="checkbox"/> Culture, Arts, Historic Preservation     | <input checked="" type="checkbox"/> Health              | <input type="checkbox"/> Planning, Land & Water Use Management              | <input checked="" type="checkbox"/> Other: (indicate below)         |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing                        | <input type="checkbox"/> Public Safety & Corrections                        | <u>Pharmaceuticals</u>  |

I hereby certify that the statements made above are correct and complete to the best of my knowledge



(Signature of authorized person)

6/19/06  
(Date)

Name of authorized person (type or print) Karen R. Bowman

Title of authorized person Regional Director, Western Region